

REMARKS

In the Office Action dated June 11, 2008, claims 1-33 were rejected under 35 U.S.C. §102(e) as being anticipated by Acharya et al. This rejection is respectfully traversed for the following reasons. In the method and data processing device disclosed and claimed in the present application, quantities for calcified and non-calcified plaque are determined on the basis of an image. Although the word "single" is not expressly used in the present specification, it is clear from the description of the figures that refer to a first image B1 that the aforementioned quantities are identified from only one image. Although, at a later point in time, a second image B2 is obtained, the same is true for this second image B2, i.e., at the second point in time, only a single second image B2 is acquired.

By contrast, in the method and system disclosed in Acharya, it is essential that different plaque types be determined on the basis of a difference image, that is obtained from two images respectively acquired with different x-ray energies. This is explained, for example, at column 6, lines 33-37 of the Acharya et al reference, and is also noted by the Examiner. The Acharya et al reference does not disclose or suggest how, or even if, a classification of plaque can be on the basis of only a single image. An advantage of doing so using a single image is that, if the imaging modality makes use of x-rays, the radiation dose to which the patient is exposed is significantly reduced.

Moreover, there is no teaching or suggestion in the Acharya et al reference to determine an indicator value from the determined quantities of the different types of plaque. In the Acharya et al reference, an image is merely generated (namely, the aforementioned difference image) in which both different types of plaques can be simultaneously depicted for better visual analysis of the overall clinical picture of the patient. This is described at column 7, lines 58-61 of Acharya et al.

Since no such indicator values are derived from the determined quantities of the different quantities of plaque, there is also no disclosure or suggestion in the Acharya et al reference to compare such an indicator value with a limit value, as also claimed in the subject matter of the present application. Since there is no comparison with a limit value as disclosed and claimed in the present application, there is no disclosure in the Acharya et al reference to display a suggestion, based on the result of this comparison, as to a measure to be implemented (or not implemented) with respect to the patient. In the Acharya et al reference, the goal is to generate an image that allows an improved manual visualization of the different plaque types. An automated interpretation of the contents of the image is not disclosed in the Acharya et al reference, and the Acharya et al reference is not even concerned with undertaking any such type of automatic interpretation, since the overall goal is to generate an improved *visual* display.

Therefore, the Acharya reference does not disclose all of the method steps of independent claim 1, nor all of the elements of the data processing

device as claimed in independent claim 19, and thus the Acharya et al reference does not anticipate either of those claims. Claims 2-18 add further method steps to the novel method of claim 1, and claims 20-33 add further structure to the novel combination of claim 19. None of those dependent claims, therefore, is anticipated by the Acharya et al reference, for the same reasons discussed above in connection with claims 1 and 19.

All claims of the application are therefore submitted to be in condition for allowance, and early reconsideration of the application is respectfully requested.

The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519.

Submitted by,



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